

**FEC FORM 3L****REPORT OF CONTRIBUTIONS BUNDLED BY  
LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs**

SECRETARY OF THE SENATE

13 FEB 17 PM 3:11

1. NAME OF COMMITTEE (in full) **USE FEC MAILING OR TYPE OR PRINT** Example: if typing, type over the lines. **12FE4M5**  
Deborah Ross for Senate

ADDRESS (number and street) P.O. Box 28258

☐ Check if different  
than previously  
reported (ACC)

Raleigh

CITY

NC  
STATE

27611

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00589820

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. STATE DISTRICT

NC

00

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15

Quarterly Report (Q1)

☐ July 15Quarterly Report (Q2)  
and/or Semi-annual Report☐ October 15

Quarterly Report (Q3)

☒ January 31Year End Report (YE)  
and/or Semi-annual Report☐ July 31 Mid-Year Report  
(Non-election Year -  
Party/PAC) (MY) and/or  
Semi-annual Report

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Special (12S) ☐ Convention (12C)

This report also covers  
the semi-annual period

Election on

in the  
State of☐ See Line 6(b)

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

This report also covers  
the semi-annual period

Election on

in the  
State of☐ See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-Annual Covered Period

This report covers

11

29

2016

through

12

31

2016

and/or ☐ January 1 - June 30☒ July 1 - December 31

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-Annual Covered Period

Total Reportable Bundled Contributions by  
Lobbyists/Registrants or Lobbyist/Registrant PACs

0.00

225618.64

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Assistant Jackson, Susan, .

Signature of Treasurer

Assistant Susan Jackson

02

27

2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
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Only**FEC FORM 3L**  
02/2009